

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568824

FILING DATE

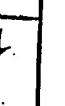
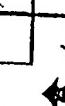
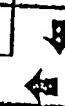
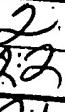
APPLICANT(S)

CLAIMS

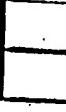
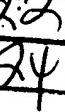
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	IND.	DEP.	IND.	DEP.	IND.	DEP.

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TOTAL IND. 2



TOTAL DEP. 2



TOTAL CLAIMS 24



	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS



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